Federal Deposit Insurance Corporation AMENDED BANKRUPTCY BUDGET FORM

INSTRUCTIONS: An Amended Budget Worksheet mu amended budget amount is a cumulative total of all past a			t required a Worksheet, or (2)	if directed by an FDIC Attorn	ney. (Note: The	
Matter No.			Matter Caption			
Institution No.	Type of Institution	Law Firm N	omo			
Institution No.	Type of Institution	Law Film N	ame			
	Bank Thrift					
1st Amended Budget 2nd Amended Budget 3rd Amended Budget						
PART I: BANKRUPTCY BUDGE Attorneys' Fees	INFORMATION					
Hourly Rate Fixed Fee \$ TOA Fee \$ Contingent Fee% of \$		Estimated	Estimated Recovery Value: \$			
Budget Phase		La	st Approved Budget	Amended Budget		
Budg	et Filase	Fees	Expenses	Fees	Expenses	
Phase I: <u>Investigation and Initial Pleadings</u> . Legal for incurred from the date of filing of debtor's p						
Estimated Hours For Completion	outon to the met mooting of creations.					
Estimated Completion Date (MM/DD/YY):						
PHASE I – TOTAL FEES AND EXPENS						
Phase II: <u>Pre-Confirmation/Discharge Pleadings, M</u>	otions & Discovery.					
Legal fees and expenses to be incurred fro discharged or debtor's plan of reorganizat	m the date the proof of claim is filed to the date debtor i on is confirmed.	S				
Estimated Hours For Completion						
Estimated Completion Date (MM/DD/YY):/						
PHASE II – TOTAL FEES AND EXPENSES						
	Post-Confirmation/Pos \$5,000 Legal fees and expenses to be incurred from th onfirmed, but excluding any appellate actions, foreclos	e date				
Estimated Hours For Completion						
Estimated Completion Date (MM/DD/YY):	<u>_/ / /</u> _					
PHASE III - TOTAL FEES AND EXPEN	SES		·		_	
	Grand Total Of All Bankruptcy P	hases				
*When Adversary Proceedings are required, a separate L	egal Matter record must be created, and the budget in	formation for that procee	ding must be reported on Litigating	ation/PLS/Adversary Budget	Information (Part II).	
PART II: LAW FIRM AMENDED	BUDGET ACKNOWLEDGMEN	NT				
I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount.						
Authorized Law Firm Delegate's Signature				Date (MM/DD/YY)		
Name and Title of Authorized Law Firm Delegate (Please type or print)						
Telephone Number (Include area code) FAX (Include area code)						

PART II: LAW FIRM AMENDED BUDGET ACKNOWLEDGMENT (Continued)					
Matter No.	Matter Caption				
Institution No.	Firm Name				
Grand Total Of All Bankruptcy Phases	Last Approved Budget	Amended Budget			
Grand Total O. All Ballicapits Finases					
PART III: AMENDED BUDGET APPROVAL					
FDIC Legal Division Approval					
FDIC Attorney (Recommending approval of amended budget)	Date Budget Approved (MM/DD/YY)				
Signature of Delegated Authority (The amended budget has been reviewed and is approved.)	Date Budget Approved (MM/DD/YY)				

Comments

Disclosure of Estimated Reporting Burden

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Assistant Executive Secretary, Office of the Executive Secretary, Room 4062, FDIC Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.